

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10724679

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
9	/					
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11	/					
12		4				
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50						
TOTAL IND.	6					
TOTAL DEP.	39					
TOTAL CLAIMS	45					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						